

Pay Period # \_\_\_\_\_

Furlough Week End Date \_\_\_\_\_

Pay Roll Reporting Form for Hours in Mandatory Furlough Week

Dept: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

		Furlough Week						
	PAY CODE	S	M	T	W	T	F	S
MONTH & DAY OF WEEK	→							
Straight Time Hours	077							
Mandatory Furlough Hours	FRL							
Paid Time Off Hours								
Pay Code for Paid Time Off (for hours above)								

This form is to be completed for all hours in the week of a mandatory furlough, and must be approved by a supervisor or manager.

The information provided in this form will be used by the employee’s supervisor and payroll to verify accuracy and completeness of time entry.

Requests for time off for sick leave, FMLA, Military Leave, Jury Duty Pay, and Funeral Leave purposes require supporting documentation to be provided at time of request or no later than time entry due date for the end of the pay period for which the time off is requested.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Distribution: Original to Payroll.